PTOISB08 (08-03)
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U.S. Petentl and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-818										364070	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MUMA	ER FILED	MAKE	NIAMER EXTRA		RATE	FIEE		RATE	FEE
07	O FEE SFR 1.16(a)							•	OR '		
	AL CLAMS OFR 1.15(4)		crisus 20				x1		OR	ו•	
HOEPENDENT CLAIRS (AT CFR L16(1))		es	minus 3 o				×4		OR	ו•	
MALTURE DEPENDENT CLASH PRESENT (27 CFR 1.1890)							`+ <u>a</u>	·	OR	**	
" If the difference to column 1 to leas than zono, enter "O" in column 2.							TOTAL		OR	TOTAL	·
10 21 05 (Column 1) . (Column 2) (Column 3)							SMALL: E	элтү .	OŘ.	OTHER SMALL	
ENT A	. ,	CLAIMS REMADIDIG AFTER AMERICMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Or cour exects		Minus	- 20	Ø		x1		OR	x4•	
	Independent (IF OFFI LINGS)	• 9	Minus	<b>-</b> 9	. Ø	ŀ	×6		·OR	×4•	
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST OFF LINES)					+1		OR				
अवग १०७					•	TOTAL ADOL FEE		OR	TOTAL ADD'L FEE		
	for , lok	, (Column 1)		(Column 2)	(Column 3)			•			٠
NT B		CLAIMS REMARKING AFTER AMERICMENT.		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	١	RATE	ADDI- TIONAL FEE	-	RATE	ACCI- TIONAL - FEE
ENDMENT	Total grank ump	. 17	Minus	- 20	· 0		×s		OR	x 4	
Ä	(D7 CBR) 1,5000	9	Minus	- 9	· 10	١.	X.S.	L	-OR -	.H.4 <u></u> .	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (SF OFR 1, 1940)					• <u>•</u>	•	OR	+4		
							TOTAL ADD'L FEE		OR	NOTAL ADO'L FEE	٠
	•	(Column 1) .	•	(Column 2)	(Cotumn 3)						
ENTC		CLAIMS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIDNAL FEE		RATE -	ADDI- TIDINAL FEE
DME	Total promit capp	17	Minus	-00	•		x 9	. /	OR	× q	
る	Independent . (27 CFR LL100)	. 4	Minus	- 9	•		× 4	7	OR	× 8	
₹	FURST PRESENT	FATION OF HULLTIP	LE DEPENDE	BIT CLAIM (27 CI	· FR 1,18(4)		+8	/	OR	•.7	
						•	TOTAL ADD'L FEE	l	QR.	TOTAL ADO'L FEE	
* If the crity in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, order "2".											

The "Highest Number Predously Paid For" (I This SPACE is toss than 8, ercer "7.

The "Highest Number Predously Paid For" (Total or Independent) is the highest number found in the appropriate box in online 1.

This collection of Information is required by 37 CFR 1.14. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Comissionistic is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing upon the individual case. Any complete on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-8189 and select option 2.